



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/801,499

Filing Date

March 15, 2004

First Named Inventor

Calafut, Daniel

Art Unit

2811

Examiner Name

Anh D. Mai

Attorney Docket Number

018865-015200US

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | <b>Return Postcard</b>  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | <b>Response to Restriction Requirement (1p)</b>   |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Barmak Sani

Date

September 27, 2005

Reg. No.

45,068

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Gloria Sikora

Date

September 27, 2005



PATENT  
Docket No.: 018865-015200US  
Client Ref. No.: 17732-67340.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Daniel Calafut et al.

Application No.: 10/801,499

Filed: March 15, 2004

For: OPTIMIZED TRENCH POWER  
MOSFET WITH INTEGRATED  
SCHOTTKY DIODE

Examiner: Anh D. Mai

Art Unit: 2811

RESPONSE TO RESTRICTION  
REQUIREMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

September 27, 2005

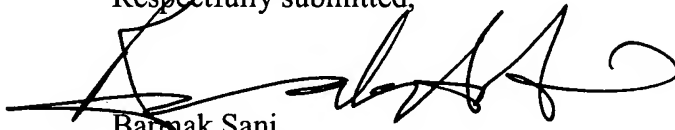
Sir:

In response to the Restriction Requirement mailed September 1, 2005,  
applicants elect **Group I, claims 1-10**, drawn to a semiconductor device, for prosecution  
in the subject application.

CONCLUSION

If the Examiner believes a telephone conference would expedite  
prosecution of this application, please telephone the undersigned at .

Respectfully submitted,

  
Barnak Sani  
Reg. No. 45,068

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